

LEXINGTON CITY SCHOOLS

STUDENT DAILY SCREENING TOOL

Answer Yes or No: Since my last day in the building, have I had any of the following:

- ☐ *A new fever (100.4 or higher) or a sense of having a fever?*
- ☐ *A new cough that cannot be attributed to another health condition?*
- ☐ *New shortness of breath that cannot be attributed to another health condition?*
- ☐ *New chills that cannot be attributed to another health condition?*
- ☐ *A new sore throat that cannot be attributed to another health condition?*
- ☐ *New muscle aches (myalgia) that cannot be attributed to another health condition or specific activity (such as physical exercise)?*
- ☐ *Congestion or runny nose?*
- ☐ *Nausea or vomiting?*
- ☐ *Diarrhea?*

If you answer YES to any of these questions, please keep your child home and contact the school nurse as soon as possible.

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